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May 08 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703702 (1)

1. Corporation Name

JEWISH FAMILY AND COMMUNITY SERVICES, INC.

Principal Place of Business

Mailing Address

3601 CARDINAL POINT DRIVE
JACKSONVILLE FL 32257-2582

3601 CARDINAL POINT DRIVE
JACKSONVILLE FL 32257-5582

3. Date Incorporated or Qualified

12/08/1971

3a. Date of Last Report

04/03/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

4. FEI Number

59-0637868

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YOUNG, IRIS
3601 CARDINAL POINT DR.
JACKSONVILLE FL 32257-2582

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD
NAME MAIMAN, LEONARDO
STREET ADDRESS 3601 CARDINAL POINT DRIVE
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE PD
NAME BENRUBI, GUY
STREET ADDRESS 3601 CARDINAL POINTE DR
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

TITLE VD
NAME LEWIS, BEN
STREET ADDRESS 3601 CARDINAL POINTE DRIVE
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE VD
NAME WILKINSON, GARY
STREET ADDRESS 3601 CARDINAL POINTE DRIVE
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE VD
NAME SHORSTEIN, MARK
STREET ADDRESS 3601 CARDINAL POIT DRIVE
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE D
NAME YOUNG, IRIS
STREET ADDRESS 3601 CARDINAL POINTE DRIVE
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/97

(904) 448-1933

Daytime Phone # 0006968

CR2E037 (9/96)